

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

SEP 26 1933

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

28242

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. St. Louis
City St. Louis (No. St. Louis)

File No.....
Registered No. 7375
St. Ward)

2. FULL NAME

(a) Residence, No. 7760 N. Broadway St. 8 Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24 - 1880
7. AGE YEARS 53 MONTHS 3 DAYS 0 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

13. NAME Sam Keith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S. Carolina

15. MAIDEN NAME Louise Linder

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

17. INFORMANT (ADDRESS) Dr. J. P. Keith

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedberg DATE Aug. 28 1933

19. UNDERTAKER (ADDRESS) W. H. Birney

20. FILED AUG 27 1933 J. P. Keith Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-21 1933, to 8-24 1933.
I last saw her alive on 8-25 1933. Death is said to have occurred on the date stated above, at 10:30 a. m.
The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis
936
936
Other contributory causes of importance

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) Dr. J. P. Keith M. D.
(Address) St. Louis Hospital

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